

REDUCING FIREARM-RELATED DEATHS



Definition

A firearm-related death is defined as any fatal injury resulting from the discharge of a weapon from which a projectile is propelled by an explosive charge.

Problem

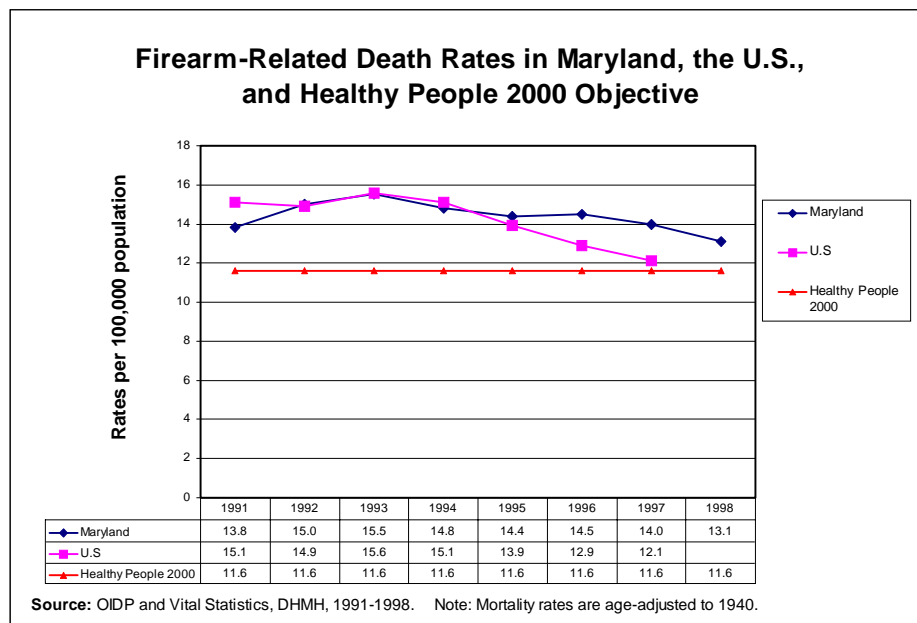
Firearm-related injuries are the leading cause of injury deaths occurring in the State of Maryland. From 1989 to 1998, the firearm-related death rate declined overall, with the lowest rate occurring in 1998 (13.1 deaths per 100,000 population) and the highest rate occurring in 1993 (15.5 deaths per 100,000 population). Since 1991, the number of firearm-related deaths has surpassed the number of motor vehicle-related deaths in Maryland. In addition, the firearm-related death rate in Maryland has surpassed that of the United States every year since 1992. Maryland's firearm-related death rate has fallen short of the Healthy People 2000 goal of 11.6 deaths per 100,000 population every year for the last 10 years.

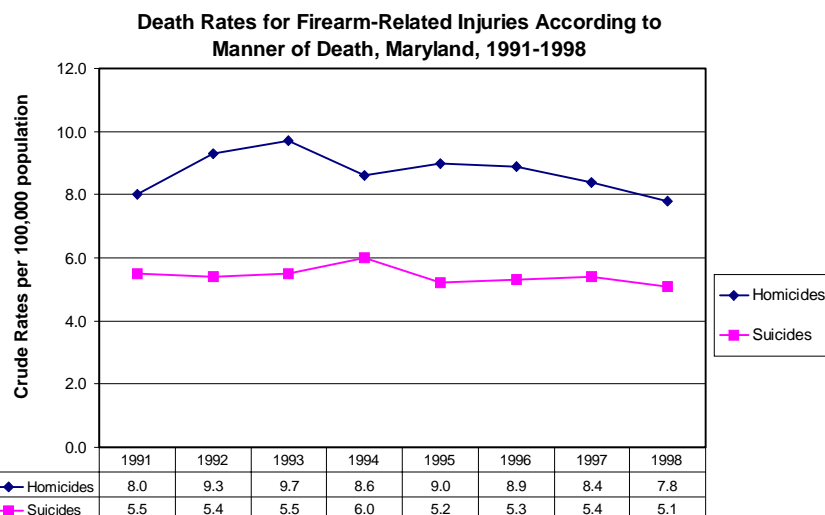
Major Determinants

Having a gun in the home is a major determinant for homicide- and suicide-related firearm deaths. According to the Johns Hopkins Center for Gun Policy and Research, having a gun in the home increases the risk of homicide of a household member by three times and the risk of suicide by a family member by five times. The risk of suicide for an adolescent or young adult in a home with a gun is higher still.

In Maryland, the crude death rates for firearm-related injuries caused by homicides slightly decreased from 8.0 per 100,000 Maryland residents in 1991 to 7.8 per 100,000 Maryland residents in 1998. Likewise, the crude death rates for firearm-related suicides decreased from 1991 to 1998 (5.5 per 100,000 population to 5.1 per 100,000 population). The rate for unintentional fire-

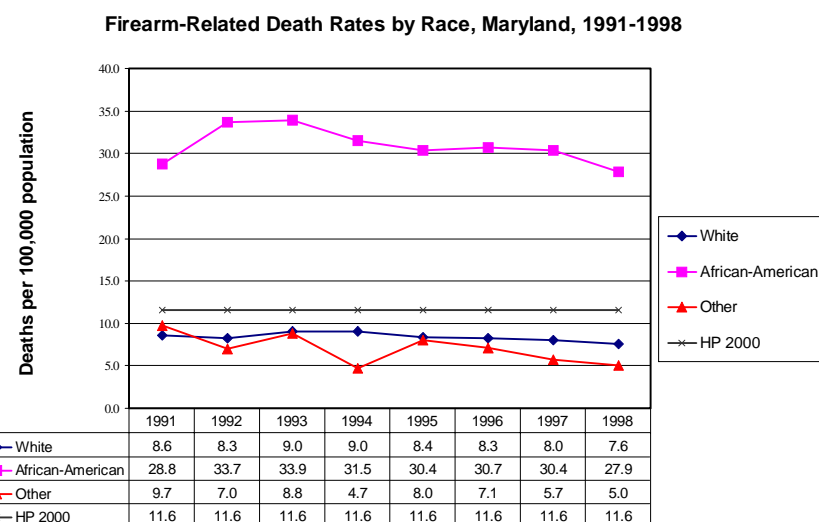
arm-related injuries was too unreliable to estimate since there were fewer than eight deaths per year. In 1998, homicides accounted for 59.3% of the 675 firearm-related deaths; suicides were





Source: Office of Injury and Disability Prevention (OIDP) and Vital Statistics, DHMH, 1991-1998

responsible for 38.8%, while 1% were unintentional firearm-related injuries. There were six firearm-related deaths for which intent was not determined (1.6%). In 1993, when the homicide death rates was at its highest (9.7 per 100,000), the death rate for murders committed by known offenders was 2.7 per 100,000 while the death rate for murders committed by strangers was 0.8. The same trend continued in other years. One factor that causes an increase in firearm-related deaths is the fact that guns are ubiquitous consumer products and can be purchased with relative ease. Other contributing factors are alcohol and drug abuse, poverty, and adverse living conditions.



Source: Office of Injury and Disability Prevention (OIDP) and Vital Statistics, DHMH, 1991-1998
Note: Mortality rates age-adjusted to 1940.

High-Risk Sub-Populations

African-Americans in Maryland were at a greater risk for firearm-related deaths than whites or other racial

groups. The firearm-related death rate for African-Americans increased from 26.9 deaths per 100,000 population in 1989 to 33.9 in 1993, then decreased to 27.9 in 1998. In contrast, the death rate for whites has consistently decreased over this time period. The firearm-related death rate for whites is under the Healthy People 2000 goal of 11.6 deaths per 100,000 population. In 1998, the Maryland African-American firearm-related death rate of 27.9 deaths per 100,000 population was *140.5% higher than the Healthy People 2000 goal*.

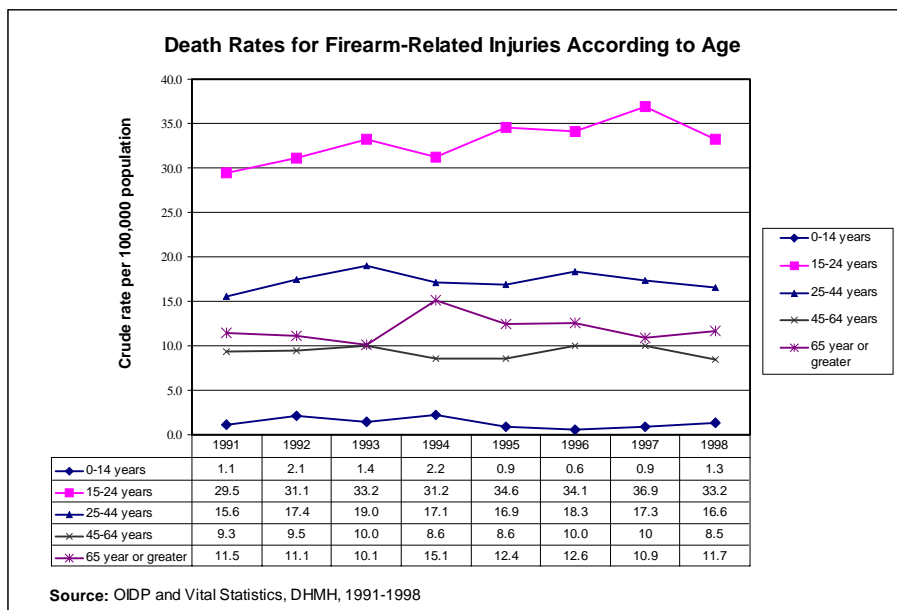
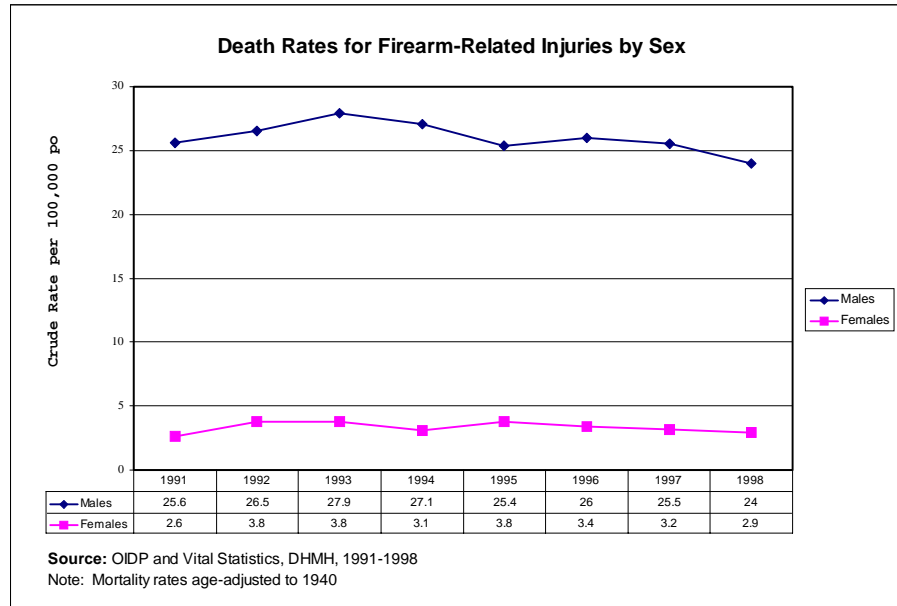
Males also have a significantly higher crude rate for firearm-related deaths than females. In 1991, firearm-related deaths for males (25.6) were *884.6%* higher than that for females (2.6). This trend continued each year, with males suffering 88.7% of the state's firearm-related deaths in 1998, when more than seven males died from injuries for each comparable female death.

Age is also a determinant in death rates for firearm-related injuries. Young people (persons aged 15 to 24 years) have the highest risk of dying from firearm-related injuries in Maryland. The risk to this age group has increased from 29.5 deaths per 100,000 population in 1991 to 33.2 in 1998. This is an increase in the death rate for this age group of more than 12%. Twenty-five to forty-four year olds have the next highest death rate for firearm-related deaths, followed by those 65 or older, those aged 45 to 64, and those aged birth to 14 years.

Two of Maryland's 24 jurisdictions, Baltimore City and Prince George's County, accounted for 56.1% (379 of 675) of the firearm-related deaths in 1998. Baltimore County, Montgomery County, and Anne Arundel County also had a high number of firearm-related deaths with 85, 39, and 32 respectively. For Baltimore City (205 of 231) and Prince George's County (115 of 148), the majority of the firearm-related deaths were homicides. However, the majority of firearm-related deaths for Baltimore (51 of 85), Montgomery (29 of 39) and Anne Arundel (26 of 32) counties were suicides.

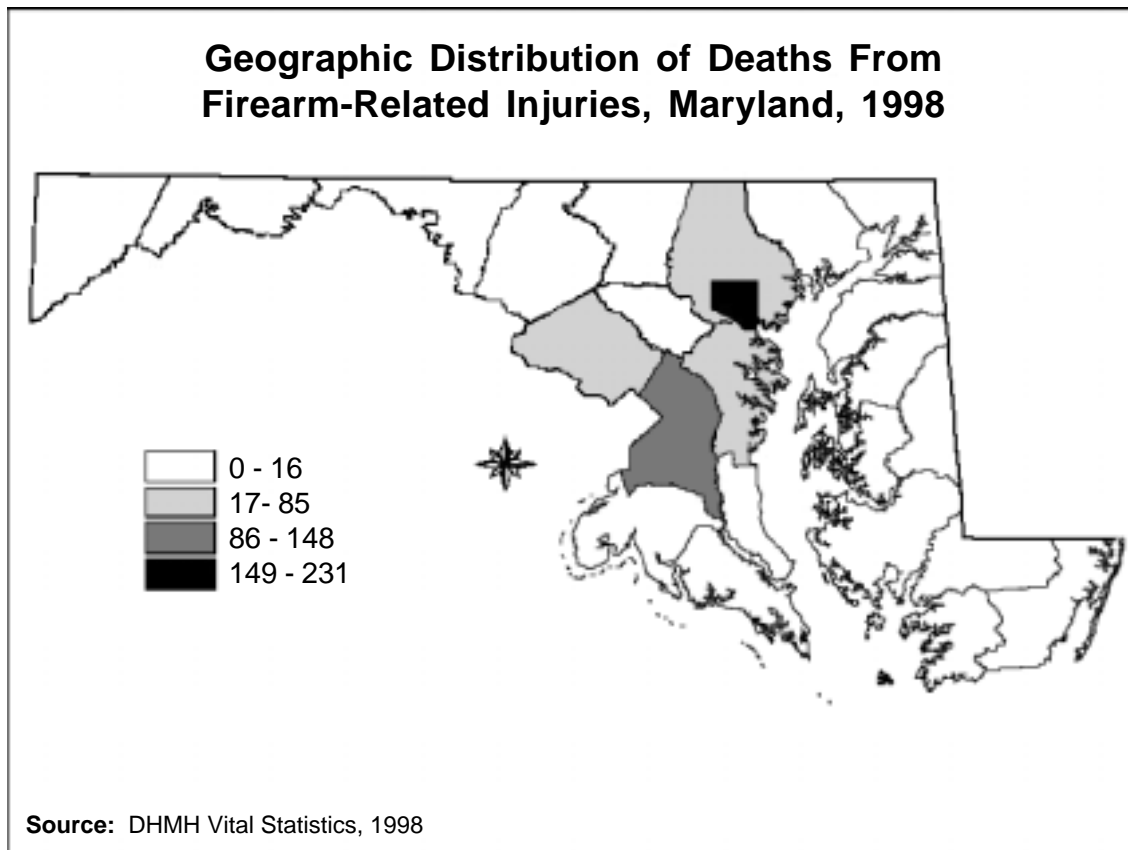
Objective 1 - To reduce the firearm-death rate for white Marylanders to 4.9 deaths per 100,000; and for African-Americans to no more than 20.0 deaths per 100,000.

Objective 2 - By 2010, to lessen the gap between African-American and white firearm-related death rates.



Action Steps

- ⇒ Provide information on firearm safety.
- ⇒ Support legislation that limits the sale of firearms.
- ⇒ Support legislation that mandates the sale of safe guns (i.e., child locks, “smart guns”).
- ⇒ Support legislation to make guns less accessible in the home.
- ⇒ Increase awareness of ‘high-risk situations’ involving firearms in the home.
- ⇒ Propose and support intervention programs for African-American youth to decrease the amount of youth firearm violence.



Partners

Johns Hopkins University • Maryland Association of County Health Officers • Maryland Local Health Departments • Maryland Local Management Boards • Office of Injury and Disability Prevention, DHMH • University of Maryland, Baltimore County • Violence Policy Center • Violence Research Group

References

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Cross-Reference Table for Injury and Violence Prevention

See Also

Talbot County 269